

MEETING REGISTRATION FORM

2004 DDT Program Directors/Coordinators Meeting
Sheraton Colony Square Midtown, 188 14th Street, Atlanta, GA 30361
(404) 892-6000

To receive a name badge and meeting materials, please complete and return this form. Please complete a separate form for each person attending the meeting.

Please start making your reservations **ASAP** by contacting the **Sheraton Colony Square Midtown** at **404-892-6000 or 1-866-912-1171, or fax 404-872-9192** (Attn: Reservations). Ask for (or indicate on fax) the **CDC-PDB/NDEP PN meeting**. The room rate is \$113 per night plus tax (single rate) and \$133 per night plus tax (double rate). A block of rooms has been reserved at the Sheraton Colony Square Midtown until **November 12, 2004**. You can also visit the Sheraton Colony Square Midtown website at www.sheraton.com/colonysquare.

Please print.

Name: _____
(First) (Middle Initial) (Last)

Title: _____

Organization _____


Address _____
(Street)

(City) (State) (Zip Code)

Daytime Telephone _____ Fax _____ Email _____

Date of Arrival: _____ Date of Departure: _____

Hotel Confirmation Number _____

 Special Needs? _____

Emergency Contact Name and Number _____

Email completed registration forms by **December 1, 2004** to: ASherman@cdc.gov , or fax to **770-488-5195**. **Questions?** Call 770-488-5023.